PART E. MEDICAL RESPONSE

NC Department of Health and Human Services, Division of Facility Services, Office of Emergency Medical Services

A. Situation and Assumptions

This plan was developed to define medical response operations during an influenza pandemic. The response will be based upon the following assumptions:

1. The phases of a pandemic will be declared by the World Health Organization (WHO). Influenza surveillance, at the international and national levels, will help to pinpoint the foci of epidemic activity.

2. During a pandemic, infected persons will begin to present to healthcare provider offices, clinics, and emergency departments thus infecting other patients and healthcare providers.

3. Uninfected people will seek diagnosis and treatment out of fear and will place themselves at risk for true infection.

4. Many geographic areas within North Carolina and neighboring jurisdictions will be affected simultaneously.

5. A pandemic will pose significant threats to human infrastructure responsible for critical community services (in health and non-health sectors) due to widespread absenteeism.

6. There may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, medications, morgue capacity (including temporary holding sites with refrigeration for storage of bodies), and other resources.

7. The NC Emergency Operations Center will be opened during Phase VI at the latest.

B. Overview of the State Medical Asset / Resource Tracking Tool (SMARTT)

The North Carolina State Medical Asset / Resource Tracking Tool (SMARTT) is a resource tracking tool managed by the North Carolina Office of Emergency Medical Services (NCOEMS). This tool queries healthcare entities for resource and capability information. SMARTT provides the NCOEMS with information on bed capacity, pharmaceuticals, and personal protective equipment (PPE) available in the various healthcare settings across the state.

C. Interpandemic Phases 1 and 2

1. NCOEMS staff will maintain a heightened state of awareness during Interpandemic Phase 1 and 2. NCOEMS will act a conduit by gathering and disseminating relevant information on the current status of Pandemic as directed by the NC Division of Public Health, Office of Public Health Preparedness and Response (PHP&R) and approved by the NCOEMS Chief or approved designee.

2. NCOEMS will work with other partners to improve routine annual vaccination for seasonal influenza of hospital staff, Emergency Medical Services (EMS) providers, and other emergency personnel throughout the state.

3. NCEOMS will work with NC Division of Public Health to reassess the mass vaccination program, with a focus on incorporating EMS providers and State Medical Assistance Teams (SMATs) to administer vaccines if needed. The role of non health department based healthcare workers will be explored and appropriate training developed and implemented.

4. NC Hospital Bed status will be retrieved by the SMARTT once daily. per the North Carolina Hospital Bed Status Agreement with NCOEMS.

5. NCOEMS will work with a number of entities to implement the SMARTT system by June 2007 for streamlined communication and resource tracking. These entities include:
    - Community Health Centers (CHCs)
    - Emergency Medical Services (EMS)
    - Rural Health Centers
    - University Health Centers
    - Psychiatric Hospitals

    June 2008 Implementation will include the following entities:

    - Long Term Care Facilities (LTCs)
    - Assisted Living,
    - Local Management Entities (LMEs)
    - Local Health Departments (LHDs)
    - School Health Centers
    - Home Care Agencies
    - Home Health Agencies

6. NCOEMS will facilitate the development of plans addressing alternate means of transporting non-critically ill patients to medical facilities alleviating unnecessary surge in the EMS system.
7. NCOEMS will facilitate the development of EMS System Continuity of Operations Plans and Surge Capacity Plans.

D. Pandemic Alert Phase 3

1. NCOEMS will work with all relevant healthcare associations to disseminate up to date information and infection control guidelines for avian and pandemic influenza.

2. NCOEMS will notify the following partners of the pandemic alert via the SMARTT
    - EMS medical directors
    - jurisdictional and commercial EMS operational programs
    - hospitals
    - CHCs
    - Rural Health Centers
    - University Health Centers
    - Psychiatric Hospitals

3. NCOEMS will notify the following partners of the pandemic alert via association and organizational contacts lists

    - Long Term Care Facilities (LTCs)
    - Assisted Living,
    - Local Management Entities (LMEs)
    - School Health Centers

- Home Care Agencies
- Home Health Agencies

4. NCOEMS will schedule conference calls and bi monthly meetings with NC Division of Emergency Management to discuss and plan for preemptive logistical needs related to medical response statewide. Emphasis on regional capabilities.

E. Pandemic Alert Phases 4 and 5

1. The Office of (PHP&R) may open the Public Health Command Center (PHCC). If the PHCC is activated the Chief of NCOEMS or the appropriate designee, will be informed as outlined in the *NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan* (Appendix A-1).
    - PHP&R will review components of the Emergency Operations Plan with NCOEMS and an Incident Action Plan (IAP) is developed.
        - Updated IAPs will be disseminated through the SMARTT to all healthcare entities serviced by the system
        - Updated IAPs will be disseminated to healthcare entities not currently serviced by the SMARTT by Association and Organizational contacts.
    - One NCOEMS Regional Disaster Medical Specialists is assigned as needed to PHCC to monitor bed status and begin hospital and pre hospital assessment (Appendix E-1).
    - One NCOEMS Regional Disaster Medical Specialist was assigned to NC Emergency Operations Center.
2. In the event NCOEMS coordination assets become overwhelmed, DFS may establish a support cell to augment communication and coordination between DFS, PHP&R, and NCEM.
    - This cell will facilitate rapid processing of mission task by NCEM and provide a central point of collaboration for ESF 8.

3. NCOEMS notification of partners via the SMARTT
    - EMS will be notified of hospital bed capacity in their area and asked to retrieve current staffing capability and quantity of Emergency Response Vehicles (ERVs).
    - Hospitals will be notified of the following needs
        - Increase reporting of available beds to every 12 hours if needed.
            - ICU beds
            - ventilator beds
            - pediatric beds
            - isolation beds
            - other specialty area beds.

    Hospitals and EMS Systems will be reminded to establish open communication with their local Emergency Management and Local Health Department.

4. Additional notification and ongoing communication with key partners
    - NCOEMS will notify and retain ongoing communication with the following partners.:
        - Division of Facility Services Director
        - Division of Social Services
        - Division on Aging
        - Division of Services for the Deaf and Hard of Hearing
        - Division of Services for the Blind
        - Office of Minority Health
        - Division of Child Development

    - NCOEMS will assess nursing homes, assisted living, group homes, and mental retardation group homes is started per DFS/DSS liaison.

- NCOEMS will alert hospital pharmacy contacts of pending threat. Pharmacists will be advised to begin coordinating with hospital incident command for detailed information and communication of needs.
- NCOEMS will request a .Division of Mental Health Liaison to assist with Mental Health community needs.
- State Medical Assistance Teams (SMATs) will be notified of pending threat
    - SMAT II units will be placed on ***standby alert*** in all 8 regions
    - SMAT III units will be placed on ***standby*** in all 8 regions
- NCOEMS will maintain communications with all levels of healthcare providers through the SMARTT, association, and organization contacts throughout this phase.

5. NCOEMS will send out notices to hospital administrators through SMARTT to review plans for surge capacity. Requests will be made to establish plans for lines of communication between hospital Incident Command (IC) and the local public health director.

Regional Disaster Medical Specialists will identify CHCs in their regions willing to become Influenza Assessment Sites. These sites must be coordinated with the LHDs and approved by PHP&R. Additional lab equipment, pharmaceuticals, and personal protective equipment (PPE) may be requested for these sites.

F. Pandemic Phase 6 (without cases occurring in the United States)

1. NCOEMS will notify key partners of current threat.
    - Recommendation will be made to activate their facility's pandemic influenza response plan
    - Notification will also include recommendations for the enhancement of security at facilities.

2. Association of Home Care and Hospice of the Carolinas alerted and asked to facilitate communications between home health, home care, and hospice providers and their local hospital command center..

3. The SMARTT will retrieve bed reports every 12 hours.

4. Situation reports and updates
    - RACCs begin 12 hour regional situation reports to Regional Emergency Response and Recovery Coordinators (ERC) and sent to the ESF 8 representative in the Office of PHPR PHCC.
    - DFS hospital licensure specialist will update the PHCC regarding temporary bed expansion assistance.
    - NCOEMS regional disaster medical specialist begin 12 hour situation reports to the PHCC and the NCOEMS Chief. These reports will include an analysis of EMS, Hospital, and CHCs status.

5. NCOEMS monitors transfers and EMS personnel across the state and provides information as needed to PHCC.
6. Trauma designations will report through the ERC the status of the designee's trauma capacity.

7. Hospitals may activate their Hospital Incident Command System (HICS).

G. Pandemic Phase 6 (with cases occurring in the United States)

1. NCOEMS will
    - monitor status of emergency facilities, hospital beds, other treatment sites, and medical equipment.

- coordinate the statewide system of emergency medical services, public safety (EMS operational program), and commercial ambulance services.
- apprise the PHCC and state EOC of critical gaps in ability to provide emergency medical services.

2. The state Emergency Operations Center (EOC) will most likely be activated when there are cases occurring in North Carolina. Once the state EOC is activated, the NCOEMS will make contact with the State Emergency Response Team (SERT) leader in the state EOC and begin submitting IAP and situation reports to Unified Command (UC).

3. NCOEMS Disaster Medical Coordinator (DMC) will report to Unified Command in state EOC and begin analyzing incoming data for situation reports and IAP.
    - NC assistant chief healthcare systems will rotate shifts with the DMC
    - NC regional disaster medical specialist will rotate shifts at the PHCC as assigned.
    - ERCs are alerted for surveillance of surge needs from regional perspectives. And their back ups notified for shift rotations.

4. Updated IAPs will be disseminated through the SMARTT to all healthcare entities being served by the SMARTT.

5. The SMARTT will retrieve bed reports every 8 hours as determined by NCOEMS ESF 8 lead.

6. Situation reports and updates
    - Situation reports are given to the PHCC per NCOEMS ESF 8 every 12 hours and disseminated to the State EOC ESF 8 lead.
    - NCOEMS regional disaster medical specialists provide regular updates to the PHCC about EMS and hospital-based bed system capacity.
    - Division of Facility Services/Division of Social Services (DFS/DSS) nursing home liaison will provide situation updates to the PHCC.
    - DHHS mental health liaison will provide situation updates to PHCC.
    - ERCs are asked to give situation reports from their EOC every 8 hours to the NCOEMS regional disaster medical specialist in the PHCC.
    - CHCs are asked for situation reports every 8 hours

7. Once cases begin occurring in North Carolina, CHCs deemed as Flu Assessment Sites will activate to begin assessment of patients. Sites will coordinate with local health directors and NCOEMS regional disaster medical specialists. Any hospitals choosing to open Alternate Care Facilities for influenza assessment and treatment will be advised to coordinate this through their local health hepartment and local emergency management.

8. Alternate Care Facilities (ACF)
    - Hospitals opening Alternate Care Facilities will be noted using the Multi Hazard Threat database. Transportation routes to these sites will be shared with multi-jurisdictional EMS and trauma systems to ensure patient transport to the correct sites for care.
    - Need for ACF for surge capacity and cohorting of patients with influenza symptoms will be monitored by ERCs regionally and reported to NCOEMS regional disaster medical specialists located in the PHCC..
    - SMAT II can be deployed as needed to set up ACF.
    - NCOEMS regional specialist can be deployed to ACF if available and needed. These requests must come through local emergency management.

9. All healthcare entities will assess security needs and will request assets through local EM. Alternate Care Facilities and Flu Assessment Sites will need to report security assets on the SMARTT.

10. NCOEMS will request the activation of all healthcare system continuity of operations plans.

11. NCOEMS will act as liaison between healthcare systems and mortuary affairs as needed.

H. Second or Subsequent Waves

1. Continue all activities listed under pandemic phase 6.
2. Review, evaluate and modify as needed, pandemic response by NCOEMS. Provide update to the PHCC.
3. NCOEMS will monitor resources and staffing needs, and communicate these needs with PHCC.

I. Postpandemic Period

1. NCOEMS assesses ability of EMS to resume normal provision of services.
2. NCOEMS reports results of assessment to the PHCC and state EOC.
3. Evaluation of facilities for return of patients. Situation report given to the PHCC every 12 hours.
4. NC SMARTT alert backed down to once daily.